

Healthcare for Minorities in the Emergency Department

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Objective

Examine whether minorities are receiving lower quality care compared to Caucasian Americans due to a lack of cultural competence in healthcare.

Background

- Cultural competence can be defined as the ability to understand, appreciate and interact with people from cultures or belief systems different from one's own (DeAngelis, 2015).
- -"Emergency departments often compensate for the failings of the larger healthcare delivery system for many underserved populations" (Wolf and Calmes, 2004).
- -Physicians face language barriers and cultural barriers, which they must overcome.



Lack of Cultural Competence Impacts...

-Vulnerable populations, such a the poor and racial and

ethnic minorities, have remained underserved and underrepresented (Wolf & Calmes, 2004, p. 11). "There are 1268 emergency medicine faculty members listed in the AAMC database, 82% of which are white, but only 10.8% are from underrepresented minorities" (Wolf & Calmes, 2004, p. 11) -Advances to reduce or eliminate many diseases may not have been equally distributed (Wolf & Calmes, 2004, p. 9) -Pain management in racial and ethnic minorities. "Hispanic patients with long-bone fractures were less likely to receive analgesics in the emergency department than similar non-Hispanic White patients...in a similar study with black patients, the risk of receiving no analgesic was 66% greater for black patients tha for similar white patients" (Wolf &

Future Implementations

Calmes, 2004, p. 10).

-The use of the Healthcare Provider Cultural Competence Instrument which is a part of the Cultural Competence Health Practitioner Assessment (CCHPA-129). -The application of cultural competence training in the healthcare system.

Tips for Health Care Organizations -Have a defined set of values and principles, and

demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally -Have the capacity to value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge and adapt to diversity and the cultural contexts of the communities they serve. "Culture is part of everyone, whether clinician or patient, and therefore every clinical encounter is influenced by at least 2 cultures" (Wolf & Calmes, 2004, p. 12) -Incorporate the above in all aspects of policy making,

administration, practice, service delivery, and involve

systematically consumers, key stakeholders, and

communities (Centers for Disease Control and

Literature reviewed consisted of primary and

"lack of cultural care" and "minorities in the

were reviewed by the team to ensure that they

Literature Review

Prevention)

best fit our study.

secondary references and included phrases such as Emergency Department. Of the sources found, 14 matched our objective. We picked 5 that we thought

Conclusion

Emergency departments can decrease the lack of cultural competent care between minorities and caucasian americans by using cultural competence training to further educate healthcare providers in creating quality care for all patients.



Sources

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